

**VOLUNTEER RELEASE  
WITH ASSUMPTION OF RISK AND INDEMNIFICATION**

I \_\_\_\_\_, desire to serve as a volunteer to help the Triad Local School District Board of Education (“the Board”). In exchange for being authorized to be a volunteer for the Board, I agree as follows:

1. I release, and agree to hold harmless and indemnify the Board, its individual members, employees and agents from any and all liability, arising from negligence or otherwise, and damages as a result of my services as a volunteer, including, but not limited to, property damage, bodily, personal or mental injury, including death, or other injury.
2. I acknowledge it my sole responsibility to evaluate carefully the risks inherent in being a volunteer, including, without limitation, dangers posed by willful or negligent conduct by myself and/or by others and voluntarily assume full responsibility for, and full risk of, property damage, bodily, mental, or personal injury, including death, or other injury relating my services as a volunteer.
3. I acknowledge that by way of my volunteer services, I am not an employee of the Board for any purpose; that I am not entitled to any benefits that are available to Board employees, including medical benefits and workers’ compensation; and that if I become ill or injured while performing volunteer services for the Board, I will be responsible for any and all medical and hospital charges that may accrue.
4. I acknowledge that if my volunteer service involves having unsupervised access to a child on a regular basis, I may be required to be fingerprinted and undergo a criminal records check at any time.
5. I agree:
  - (a) I am eighteen years of age or older and am under no disability that would impair my ability to execute this Release;
  - (b) I will not undertake any activity with regard to my volunteer services that I am not competent to perform safely;
  - (c) I will abide by all relevant Board policies, administrative guidelines, laws and regulations; and
  - (d) if any portion of this document is held invalid, the remaining provisions shall be binding and continue in full force and effect.

I have read the above carefully, understand its significance, and voluntarily agree to all of its terms.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Office Use Only:**  
  
This form will expire on \_\_\_\_\_  
or one calendar year after the date listed  
above.